



HEALTH EQUITY UPDATES

April 2023



Better Health Through Better Understanding | April 2023

President's FY2024 Budget Request Includes SDOH Focus

The Biden Administration recently released its <u>proposed FY2024 budget</u> which includes \$144.3 billion in discretionary and \$1.7 trillion in mandatory budget authority for HHS. The proposed budget includes several key provisions to address social determinants of health (SDOH):

- \$100M to the CDC to implement and evaluate SDOH Accelerator Plans and to build the evidence base for SDOH-directed interventions;
- \$52M to the ONC for initiatives including an equity-by-design approach, collection of REaL data, and integrating SDOH and human and social services data;
- \$86M for the Office of Minority Health to increase focus on areas with high rates of adverse maternal health outcomes or with significant racial or ethnic disparities in maternal health outcomes;
- \$276M to HRSA to reduce maternal mortality and morbidity.

An HHS Budget in Brief can be found HERE.

Inaugural CMS Office of Minority Health (CMS OMH) Health Equity Conference

CMS OMH will host its inaugural <u>CMS Health Equity Conference</u> on June 7-8, 2023. The free conference – titled Framing the Future of Equitable Health Care – will be held at Howard University's Armour J. Blackburn University Center in Washington, D.C. There is a waitlist for in-person registration but virtual registration is still open as are <u>Call for Proposals</u>. Academics, researchers, community organizations, and others are encouraged to submit presentation proposals by April 14th and be aligned with the <u>CMS Framework for Health Equity 2022-2032</u>.

This Month

National Minority Health Month

Better Health Through Better Understanding

Improve health outcomes for racial/ethnic minorities and American Indian/Alaska Native (AI/AN) communities by providing culturally and linguistically appropriate services (CLAS).

Why CLAS is important:

- Nearly <u>20 percent of people in</u> <u>the U.S.</u> speak a language other than English at home.
- 60% of racial and ethnic minority patients state that it is important to receive care from providers who share or understand their culture.
- 88% of adults living in the U.S. <u>have health literacy</u> <u>inadequate to navigate the</u> <u>healthcare system</u> and promote their well-being

Learn more about CLAS. Check out the IPRO educational series on culturally and linguistically appropriate services (CLAS). You can view slides and videos of the five-part series.

CLAS 'Keeping It Simple'
Educational Series and
Resources

2023 County Health Rankings National Findings Report

County Health Rankings & Roadmaps (CHR&R) brings actionable data, evidence, guidance and stories to support community-led efforts to grow community power and improve health equity. The annual report analyzes county-level health and wellness data, focusing on issues such as civic infrastructure and socioeconomic opportunity. This year's report focuses on the connection between civic health and thriving people and places. Civic health reflects the opportunities people have to participate in their communities. It starts in the nation's local communities and is the cornerstone of democracy, representing promise, opportunity, belonging and shared responsibility.

Digital Access: A Super Determinant of Health

A report from SAMHSA discusses the digital divide – a reflection of inequities in high speed internet access – and its intersection with health equity and behavioral health. Digital access plays a role in health care outcomes and influences social determinants of health such as education, employment, and healthcare access. The National Telecommunications and Information Administration (NTIA) reports that in 2021, wired high-speed internet use rates were lower in "households where the main renter or owner was 65 years or older, had a disability, or was a Hispanic, African American, American Indian, or Alaska Native individual". The report outlines county, state, and federal policies and efforts to reduce the digital divide.

How Hospital Board Members' Backgrounds Influence Social Responsibility

A <u>report</u> published in the *Journal of General Internal Medicine* last month revealed that a plurality of hospital board members (44%) in the U.S. come from the financial sector, including private equity, wealth management firms, banks, and insurance, while less than 15% were healthcare professionals. Hospital boards that lack clinician representation have lower quality measures and community benefit spending, and less commitment to health equity. Board representation has significance for resource allocation. Data from the <u>Lown Institute shows</u> that in 2019, nonprofit hospitals nationally had an \$18.4 billion deficit between their community investments and the estimated value of their tax breaks.

Measuring Nutrition Insecurity to Advance Equity

An article released in the April issue of Health Affairs discusses the distinction between food insecurity and nutrition insecurity. Poor nutrition is associated with increased morbidity and mortality, healthcare costs, and lost productivity. Food insecurity and nutrition insecurity predominantly impact lower-income, less educated individuals, as well as racial and ethnic minorities. The author suggests that patients should be screened for both food and nutrition insecurity since they are interrelated and have detrimental effects on health. New screening tools and interventions for nutritional insecurity have been developed to enhance interventions to address food insecurity.



Visit the IPRO Resource Library: https://qi-library.ipro.org/

Upcoming Events

Are Non-Profit Hospitals Earning Their Tax Breaks?

Lown Institute

Date: April 11, 2023

Time: 1:00 - 2:00 PM ET

<u>Assessment Affinity Group</u> (Session 5 of 6)

IPRO

Date: April 13, 2023

Time: 12:00 PM - 12:45 PM ET

Advancing Health Equity and Trust in Health Care

Building Trust

Date: April 13, 2023

Time: 3:00 - 4:00 PM ET

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